



PO BOX 998
COOKEVILLE, TN 38503
931-520-5250
931-520-5251

APPLICATION FOR
SPECIAL NOISE PERMIT

1. NAME OF APPLICANT _____

DRIVER'S LICENSE # _____

APPLICANT'S PERMANENT HOME ADDRESS _____

TELEPHONE # _____

2. NAME OF CORPORATION, COMPANY OR ORGANIZATION THAT APPLICANT REPRESENTS:

3. ADDRESS OF THE PREMISES FOR WHICH PERMIT IS SOUGHT: _____

4. NATURE OF THE EVENT (please be specific; i.e., concert, festival, etc.):

5. DATE, TIME, AND DURATION OF EVENT:

CITY CLERK OFFICE USE ONLY

I hereby certify that I have read Section 11-202 and understand the provisions contained therein. I understand that this permit is subject to revocation for non-compliance and will not be effective for other than the date and time reflected above. I further understand that failure to vacate the private premises of any person who requests or directs me or my organization to leave shall constitute trespassing. I agree that the City of Cookeville shall be held harmless by me or my organization for any liability resulting from the activity pursuant to this permit.

This _____ day of _____, _____

Signed _____

Applicant's signature

Approved & Signature Witnessed by _____

Cookeville Police Department

(Signature must be in red ink to be valid)

City Manager

Permit Issued by: _____

Authorized City Clerk Official

Date: _____